

TEACHER TRIBUNAL HEARING TRAINING

CONTACT INFORMATION	PRINT BELOW
NAME	
STREET ADDRESS	
CITY/STATE/ZIP	
COUNTY	
HOME PHONE	
CELL PHONE	
EMAIL ADDRESS	
PREFERRED METHOD OF CONTACT	Home Phone _____ Cell Phone (voice) _____ (text) _____ Email _____ Any of these _____
INDICATE YOUR STATUS Please check one:	<input type="checkbox"/> School District Administrator Active or Retired: District of Service: <input type="checkbox"/> School Teacher Active or Retired: District of Service: <input type="checkbox"/> Layperson
TRAINING YOU PLAN TO ATTEND	<input type="checkbox"/> October 13 in Frankfort <input type="checkbox"/> Eastern KY Training (Location & Date TBD) <input type="checkbox"/> Western KY Training (Location & Date TBD)

Please return form by October 1, 2015 to:

Kentucky Department of Education
 Office of Guiding Support Services
 1st floor, Capital Plaza Tower
 500 Mero Street
 Frankfort, KY 40601